

This form is designed to help you and your agent determine if purchasing a Forethought Life Insurance Company annuity contract meets your current financial needs and long term goals. Please complete the questionnaire and acknowledgement in its entirety and submit with your application. **INCOMPLETE FORMS MAY BE RETURNED AND DELAY PROCESSING.**

**Section 1: Personal Information (Individuals and Trusts)**
**Owner Information**

1a. Owner Name(s)

1b. Marital Status:

 Single    Married    Widowed

1c. Owner Age

*(If a Trust, age of Person who established the Trust)*

 1d. Occupation(s) *(If retired, list former occupation)*
**Joint Owner Information (if applicable)**

2a. Joint Owner Name(s)

2b. Marital Status:

 Single    Married    Widowed

2c. Joint Owner Age

 2d. Occupation(s) *(If retired, list former occupation)*
**Additional Information**

 3. Premium Amount: \$ 

 4.  Yes    No   Is the Owner or Joint Owner active duty military personnel or the dependent of active duty personnel?

**Section 2: Financial Profile (For Joint Owners – information may be combined)**
**If the Owner is a non-natural person, the financial profile should be completed on behalf of the non-natural entity.**
**Net Worth = Total Assets less Debts/Liabilities (excluding primary residence, automobile, and personal possessions)**

5. Approximate Net Worth (E) must be the sum of the amounts entered in (A), (B), (C), and (D).

 \$  + \$  + \$  + \$  = \$ 
**A. Cash or Cash Equivalents**
*(e.g. checking, savings, money markets, CDs, etc)*
**B. Securities**
*(e.g. stocks, bonds, mutual funds, 401(k))*
**C. Insurance**
*(e.g. annuities and cash value in life insurance)*
**D. Other**
*(please explain):* \_\_\_\_\_

**E. Approximate Net Worth**

 6. Gross Household Annual Income: \$ 
 Yes    No   Do you expect a change in your future income or your future expenses during the surrender charge period?

*If yes, please explain:* \_\_\_\_\_

 7. Liquid Assets: \$ 
 Yes    No   Do you have sufficient liquid assets (assets that can be easily converted to cash without incurring penalty charges) available for monthly living expenses and emergencies, such as medical expenses, in addition to the premium you are paying for annuity?

*If no, explain why you believe an annuity contract which typically has withdrawal limitations, is suitable for your financial needs:* \_\_\_\_\_

 8.  Yes    No   Are your liquid assets being used to purchase this annuity?

9. This annuity transaction represents approximately the following percentage of your Net Worth:

 0-25%    26% - 50%    51% - 75%    76% - 100%

**If the total premium exceeds 50% of net worth, please complete the Financial Inventory Worksheet.**


**Section 2: Financial Profile (For Joint Owners – information may be combined) (continued)**

10. Primary Sources of Income: **(Check all that apply)**

- Current Wages      Pension Plan      Social Security      Investment Income  
 Required Minimum Distribution (RMD) or 72(t)/(q) distributions      Other \_\_\_\_\_

11. Marginal Federal Income Tax Rate:

- 0%      10%      15%      25%      28%      33%      35%      Other \_\_\_\_\_

12. What is your risk tolerance for this annuity purchase? **(Check one)**

- Conservative      Moderate      Aggressive

13. What are your financial objectives in purchasing a Forethought Annuity? **(Check all that apply)**

- Preservation of Capital      Tax Deferral      Guarantees Provided      Growth, Followed by Income  
 Pass Assets to Beneficiaries      Other \_\_\_\_\_

14. Do you now own, or have you previously owned, any of the following financial products? **(Check all that apply)**

- Certificate of Deposit      Fixed Annuity      Variable Annuity  
 Stock/Bond/Mutual Funds      Index Annuity      Other Investments

15.  Yes  No Do you currently have any Forethought annuities?

*If yes, please provide contract number(s):* \_\_\_\_\_

16. What is the source of premium funds for the Forethought annuity? **(Check all that apply)**

- Fixed Annuity      Life Insurance      CD  
 Index Annuity      Checking Account      Stocks/Bonds/Mutual Funds  
 Variable Annuity      Savings Account      Death Benefit  
 Reverse Mortgage/Home Equity/Refinance      Other \_\_\_\_\_

**Section 3: Surrender Charge and Replacement Information**

17.  Yes  No Are there any surrender charges, settlement fees or penalties of any kind associated with the source(s) of premium for the Forethought annuity?

**If purchasing this Forethought annuity involves discontinuing, making a partial withdrawal, removing money, or changing an existing policy or contract, a replacement is occurring. If a replacement is involved, you must provide the information below and complete a replacement comparison form. Do not reduce the penalty amount/percentage by any bonus on this annuity or any offset such as a positive market value adjustment (MVA).**

**If multiple sources of premium, list each percentage separately.**

Source of Premium (Marketing Name of Product)	Date of Purchase	Penalty Percentage	Penalty Amount (if known)

**Section 3: Surrender Charge and Replacement Information (continued)**

18.  Yes  No If you are replacing an existing annuity, was the annuity being replaced purchased within the preceding 36 months?  
*If yes, have you evaluated any benefits you may lose in the existing contract?*  Yes  No
19.  Yes  No Do you (Owner/Annuitant) currently reside in a nursing home or assisted living facility or do you plan to enter a nursing home in the next 6 months?  
*If yes, please explain:* \_\_\_\_\_
20.  Yes  No Is the purchase of this annuity in any way related to the establishment of a trust or based in any way on information provided during the establishment of a trust?  
*If yes, please explain:* \_\_\_\_\_
21.  Yes  No Was there any other material information you considered before deciding to purchase this annuity?  
*If yes, please explain:* \_\_\_\_\_

**Section 4: Withdrawal Information/Time Horizon**

22. Time Horizon (when these annuity funds will likely be accessed):  years
23.  Yes  No With the exception of any free withdrawals or Required Minimum Distributions, do you expect to take any money out of this product before the end of the withdrawal charge period?  
*If yes, please explain:* \_\_\_\_\_
24.  Yes  No Did your agent explain that if you take money out of this product in excess of the free withdrawal amount provided in the contract during the withdrawal charge period, you will incur a penalty?  
*If no, please explain:* \_\_\_\_\_

**PLEASE CONTINUE TO NEXT PAGE**

**Section 5: Client Acknowledgements**

This form is designed to help you determine if purchasing a Forethought Life Insurance Company annuity contract meets your financial needs.

By initialing below, I am stating that I agree and understand that:

Owner	Joint Owner (if applicable)	Acknowledgements
_____ Initials	_____ Initials	The Forethought annuity contract is a long-term investment. Any withdrawal of funds before the last day of the withdrawal charge period, as described in the annuity contract, may be subject to a withdrawal or other charges as described in the contract. The agent has fully explained the surrender charges and surrender charge period to me. I have received, understand and signed the Annuity Contract Disclosure Statement and considered the matters addressed in this Annuity Suitability Questionnaire and Acknowledgement. I believe a Forethought annuity contract is suitable to my individual circumstances and that the purchase of the annuity contract is in my best interest.
_____ Initials	_____ Initials	Forethought does not permit its Agent to advise me with respect to the tax consequences associated with a purchase of an annuity contract, including any exchange of the annuity contract or withdrawal of funds from any other source, for the purpose of purchasing the annuity contract. I am not relying on any tax advice from the Agent or Forethought and will consult with my own tax professional to the extent necessary.
_____ Initials	_____ Initials	I understand that I receive no additional tax deferral if I am purchasing this annuity contract for inclusion in an IRA, 401(k) or other self-directed qualified plan
_____ Initials	_____ Initials	If I am replacing an existing annuity, I understand that I may not be able to reinstate the replaced contract(s).
_____ Initials	_____ Initials	A tax liability may be incurred as a result of liquidating or withdrawing funds from any existing investment or annuity for the purpose of purchasing this annuity contract.
_____ Initials	_____ Initials	I understand that the Forethought Annuity contract is not a mutual fund, savings account, certificate of deposit, bond, security or similar financial product.

The Agent and Forethought may rely upon the information provided by me in this Annuity Suitability Acknowledgement and all such information is true and accurate to the best of my knowledge and the Agent and Forethought may rely on such information.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**PLEASE CONTINUE TO NEXT PAGE**

**Section 6: Agent Confirmation (*this section MUST be completed*)**

1. Please describe how the annuity you recommended will assist the applicant in meeting his or her financial needs and objectives.

2. Please describe any disadvantages for your client in selecting this annuity.

3. How long have you known the proposed annuity owner?

4.  Yes  No Have you previously sold the customer any other annuity or insurance products?

If yes, please provide a summary: \_\_\_\_\_  
\_\_\_\_\_

5.  Yes  No Are you signing this application in a state different from the Owner/Annuitant?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

*By signing below, I acknowledge that:*

The Owner(s)' decision to purchase this annuity is based on my recommendation. Based on all the circumstances known to me at the time of the recommendation and based on the information the Owner(s) provided to me, this transaction is suitable for the Owner(s)' insurance needs and/or financial objectives.

I have made every reasonable effort to obtain information pertaining to the Owner(s)' net worth, liquid assets, income, time horizon, tax status, risk tolerance, financial objectives and other information needed to make a recommendation.

I have verified the identity of the Owner(s) and believe the information the Owner(s) provided to me regarding his or her identity is true and accurate.

**With respect to qualified contract sales, the undersigned agent acknowledges that the Impartial Conduct Standards have been met, and that all other conditions of an applicable Prohibited Transaction Exemption have been met and the agent will comply with all applicable recordkeeping requirements. The undersigned agent further acknowledges that Forethought is not a fiduciary or acting as a Financial Institution.**

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Section 7: Department of Labor Fiduciary Certification**  
**(Must Complete for Qualified Contracts Using Best Interest Contract Exemption Only)**

The above signed agent and undersigned representative of the Financial Institution acknowledge that Financial Institution and agent have complied with all relevant Best Interest Contract Prohibited Transaction Exemption Conditions with respect to the sale of \_\_\_\_\_. I acknowledge that Forethought is not a fiduciary or acting as a Financial Institution.  
*(Product Name)*

Agent Name	IMO Name
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Name of Financial Institution	
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Financial Institution Authorized Representative Signature	Printed Name
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Title	Date (mm/dd/yyyy)
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